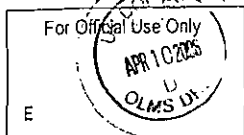


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>3160</b>	2. Fiscal Year Covered From: <b>01 / 01 / 2005</b> Through: <b>12 / 31 / 2005</b>
3. Name and address of person filing. Name <b>Steve A. Billy</b>  P.O. Box, Bldg., Room No., if any <b>P.O. Box 7109</b> <b>Pasadena, CA 91109-7209</b> Street <b>150 East Corson Street</b> City <b>Pasadena</b> State <b>California</b> ZIP Code + 4 <b>91103-3839</b>	4. Name, file number, and address of labor organization. Name <b>I.U.O.E., Local Union No. 12</b> Labor Organization File Number <b>007-156</b> P.O. Box, Building and Room Number, if any: <b>P.O. Box 7109</b> Street <b>150 East Corson Street</b> City <b>Pasadena</b> State <b>CA</b> ZIP Code + 4 <b>91103-3839</b>
5. Position in labor organization. <b>Treasurer</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Steve A. Billy</i></u>	On <u>3-28-06</u> Date	<u>626-792-8900</u> Telephone Number

Name of Person Filing	Steve A. Billy	File Number U-007-156
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Operating Engineers Funds, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 7063

Pasadena, CA 91109-7063

Street 100 East Corson Street

City Pasadena

State California ZIP Code + 4 91103-3840

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 7083

Pasadena, CA 91109-7063

Street 100 East Corson Street

City Pasadena

State California ZIP Code + 4 91103-3840

11.a. Nature of such dealing.

Administer Trust Fundx

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Food cost for attendance at Trust meetings.

12.b. Amount. \$ 171.31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

# OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL #12 HEALTH & WELFARE / PENSION / VACATION / TRAINING

100 EAST CORSON STREET • PASADENA, CALIFORNIA 91103 • (626) 356-1000

P.O. BOX 7063, PASADENA, CALIFORNIA 91109

WEBSITE: [www.oefunds.org](http://www.oefunds.org)



RECEIVED

MAR 24 2006

March 23, 2006

Mr. Steve Billy  
I.U.O.E., LOCAL #12  
150 E. Corson Street  
Pasadena, CA 91103

Re: CORRECTED INFORMATION

Dear Mr. Billy:

A review of our records indicates that no reimbursements were issued to you from the Operating Engineers Funds, Inc., for Calendar Year 2005.

The total value of food cost for your attendance at Trust meetings during Calendar Year 2005 calculates to \$171.31.

Yours very truly,

Neil Bharadwaj  
Controller

NB:leh

# OPERATING ENGINEERS TRUST FUNDS

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February 23, 2006

Mr. Steve Billy  
I.U.O.E., LOCAL #12  
150 E. Corson Street  
Pasadena, CA 91103

Dear Mr. Billy:

A review of our records indicates that no reimbursements were issued to you from the Operating Engineers Funds, Inc., for Calendar Year 2005.

RECEIVED  
FEB 27 2006